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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

| | For Other Than An Autr | Torized Committee | Office Use Only |
|---|----------------------------------|--|---|
| NAME OF COMMITTEE (in full) | TYPE OR PRINT ▼ | Example: If typing, type over the lines. | 12FE4M5 |
| 1911 UNITED | | | |
| | | | |
| ADDRESS (number and street) | 700 12TH STREET NW SUI | TE 700 | |
| ▼ Check if different | | | |
| than previously reported. (ACC) | WASHINGTON | | DC 20005 - |
| 2. FEC IDENTIFICATION N | UMBER ▼ CIT | Y 🛦 | STATE ▲ ZIP CODE ▲ |
| C C00508200 | | S THIS NEW (N) OI | AMENDED (A) |
| 4. TYPE OF REPORT (Choose One) | (b) Monthly Report Due On: | 20 (M2) May 20 (N | (Non-Election Year Only) |
| (a) Quarterly Reports: | Mar | 20 (M3) Jun 20 (M | (Non-Election Year Only) |
| April 15 Quarterly Report (0 | | 20 (M4) Jul 20 (M7 | Oct 20 (M10) Jan 31 (YE) |
| July 15 Quarterly Report (0 | PRE-Election | Primary (12P) | General (12G) Runoff (12R) |
| October 15 Quarterly Report (0 | Report for the: | Convention (12C) | Special (12S) |
| January 31 Year-End Report (| YE)Election | n on | in the State of |
| July 31 Mid-Year Report (Non-election Year Only) (MY) | POST-Election Report for the: | General (30G) | Runoff (30R) Special (30S) |
| Termination Report (TER) | Election | n on / | in the State of |
| 5. Covering Period 1 | | through 12 | M / D D / Y Y Y Y Y Y 31 2016 |
| I certify that I have examined the | | my knowledge and belief it is | true, correct and complete. |
| Type or Print Name of Treasure | Skinner, Sinclair, , , | | |
| Signature of Treasurer | ner, Sinclair, , , | [Electronically Filed] | Date 01 / 11 / 2017 |
| NOTE: Submission of false, erron | neous, or incomplete information | n may subject the person signing | g this Report to the penalties of 52 U.S.C. § 30109 |
| Office Use | | | FEC FORM 3X Rev. 05/2016 |

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **1911 UNITED** 11 29 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 1078.24 January 1, 2016 (b) Cash on Hand at 772.56 Beginning of Reporting Period..... 0.00 20.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1098.24 772.56 6(a) and 6(c) for Column B)..... 24.99 350.67 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 747.57 747.57 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 141913.27 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

1911 UNITED

| eport Covering the Period: From: | 29 2016 To | o: 12 / 31 / 2016 |
|--|---|-----------------------------------|
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other | | |
| Than Political Committees | 0.00 | |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| | | |
| (ii) Unitemized | 0.00 | 20.00 |
| (iii) TOTAL (add | 0.00 | 20.00 |
| Lines 11(a)(i) and (ii)▶ | 0.00 | 20.00 |
| | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines | | |
| 11(a)(iii), (b), and (c)) (Carry | 0.00 | 20.00 |
| Totals to Line 33, page 5) | 0.00 | 20.00 |
| Transfers From Affiliated/Other | | 0.00 |
| Party Committees | 0.00 | 0.00 |
| | 0.00 | 0.00 |
| All Loans Received | 0.00 | 0.00 |
| | | |
| Loan Repayments Received | 0.00 | 0.00 |
| Offsets To Operating Expenditures | 4 4 | 4 4 |
| (Refunds, Rebates, etc.) | | |
| (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| Refunds of Contributions Made | 4 4 | 4 4 |
| to Federal Candidates and Other | | |
| Political Committees | 0.00 | 0.00 |
| Other Federal Receipts | 49-1-1-29-1-2 | 4 4 4 |
| (Dividends, Interest, etc.) | 0.00 | 0.00 |
| Transfers from Non-Federal and Levin Funds | 4 4 | 4 4 |
| (a) Non-Federal Account | | |
| (from Schedule H3) | 0.00 | 0.00 |
| | 4 4 | 4 4 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (b) Leviii Fulius (iloili Schedule 115) | 4 4 | 45 45 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0.00 | 0.00 |
| (c) Total Transiers (add To(a) and To(b)) | 0.00 | 0.00 |
| Total Receipts (add Lines 11(d), | | |
| 12, 13, 14, 15, 16, 17, and 18(c))▶ | 0.00 | 20.00 |
| , | 4 4 4 | |
| Total Federal Receipts | | |
| (subtract Line 18(c) from Line 19)▶ | 0.00 | 20.00 |
| (11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | 45 45 45 | 4 4 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date | |
|---|-------------------------------|-----------------------------------|--|
| Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | 2 | |
| (i) Federal Share | 0.00 | 0.00 | |
| (ii) Non-Federal Share | 0.00 | 0.00 | |
| (b) Other Federal Operating Expenditures | 24.99 | 350.67 | |
| (c) Total Operating Expenditures | 2 2 7 0 0 | | |
| (add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party | 24.99 | 350.67 | |
| CommitteesContributions to | 0.00 | 0.00 | |
| Federal Candidates/Committees and Other Political Committees | 0.00 | 0.00 | |
| Independent Expenditures (use Schedule E) | 0.00 | 0.00 | |
| Coordinated Party Expenditures (52 U.S.C. § 30116(d)) | 4 4 | | |
| (use Schedule F) | 0.00 | 0.00 | |
| Loan Repayments Made | 0.00 | 0.00 | |
| Loans Made | 0.00 | 0.00 | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | |
| (b) Political Party Committees | 0.00 | 0.00 | |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 | |
| (d) Total Contribution Refunds | | 4 1 4 1 4 | |
| (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 | |
| Other Disbursements (Including Non-Federal Donations) | 0.00 | 0.00 | |
| , | 0.00 | 0.00 | |
| Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity | 0)) | | |
| (from Schedule H6) (i) Federal Share | 0.00 | 0.00 | |
| (ii) "Levin" Share | 0.00 | 0.00 | |
| (b) Federal Election Activity Paid | 0.00 | | |
| Entirely With Federal Funds | 0.00 | 0.00 | |
| Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 | |
| Total Disbursements (add Lines 21(c), 22, | | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 24.99 | 350.67 | |
| Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) | | | |
| from Line 31) | 24.99 | 350.67 | |
| <i>'</i> | 45 45 45 | 330.07 | |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| FEC FORM 3X (Rev. 05/2016) | | Page 5 |
|--|-------------------------------|-----------------------------------|
| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 20.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 20.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 24.99 | 350.67 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 24.99 | 350.67 |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 6 OF 14

FOR LINE 13 OF FORM 3X

| | | | Potanoa canimary rago Port Elive 15 of Portivi 5X |
|---|--------------|--------------------|--|
| AME OF COMMITTEE (In Full) 1911 UNITED | | | Transaction ID : SC/10.4100 |
| | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC | | | N ☐ Memo Item |
| Mailing Address 700 12th Street | NW Suite 70 | 0 | General Other (specify) ▼ |
| 700 1241 04000 | TTT Callo 10 | | |
| City | | State | ZIP Code |
| Washington | | DC | 20005 |
| Original Amount of Loan | | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 10 | 000.00 | | 0.00 |
| TERMS Date Incurred | | D | ate Due Interest Rate Secured: |
| M 05 / D 09 / Y 20 | 12 Y | M = M / D = D | On Demand 0.00 % (apr) Yes X No |
| List All Endorsers or Guaranto | rs (if any) | to Loan Source | |
| 1. Full Name (Last, First, Middle | Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle | Initial) | ' | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle | Initial) | ' | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle | Initial) | ' | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Pag | e (optional) | | 10000 00 |
| FOTALS This Period (last page in | | | , 10000.00 |
| | | | |
| Carry outstanding balance only to | LINE 3. Sc | nedule D. for this | line. If no Schedule D. carry forward to appropriate line of Summary |

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: SC/10 Transaction ID: SC/10.4100

Sinclair Skinner is the sole individual member for Liberty Industries LLC.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 14

FOR LINE 13 OF FORM 3X

| | | | Potanoa Gammary Fago Fort Elive 15 of Fortivi 5X |
|--|----------------|--------------------|---|
| AME OF COMMITTEE (In Full) | | | Transaction ID: SC/10.4367 |
| | | | |
| LOAN SOURCE Full Name (Last, First, Middle Initial) Liberty Industries LLC | | | N |
| Mailing Address | | | General Other (consist) |
| Mailing Address 700 12th Stree | t NW Suite 70 | 0 | ☐ Other (specify) ▼ |
| City | | State | ZIP Code |
| Washington | | DC | 20005 |
| Original Amount of Loan | | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 7 | 5000.00 | | 0.00 5000.00 |
| TERMS Date Incurred | | D | ate Due Interest Rate Secured: |
| M M / D D / Y Y | 013 Y | M = M / D = D | On Demand 0.00 % (apr) Yes X No |
| List All Endorsers or Guarant | ors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Midd | | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Midd | le Initial) | ' | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Midd | le Initial) | <u>'</u> | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Midd | le Initial) | ' | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Pa | ige (ontional) | | |
| | | | 3000.00 |
| TOTALS This Period (last page in | | | |
| Carry outstanding balance only t | o LINE 3, So | hedule D. for this | line If no Schedule D. carry forward to appropriate line of Summary |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9 OF 14

| | | Detailed Sulfillary Page FOR LINE 13 OF FORM 3X |
|--|--------------------|---|
| IAME OF COMMITTEE (In Full) 1911 UNITED | | Transaction ID : SC/10.4415 |
| LOAN SOURCE Full Name (Last, First, Mi Liberty Industries LLC Mailing Address 700 12th Street NW Suite 700 | , | N |
| Walling Address 700 12th Street NW Suite 700 | J | Cities (specify) ¥ |
| City | State | ZIP Code |
| Washington | DC | 20005 |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 1986.00 | | 0.00 1986.00 |
| TERMS Date Incurred | Da | ate Due Interest Rate Secured: |
| M ₀₅ ^M / J ₃₁ ^D / Y ₂₀₁₃ Y | M M / D D | On Demand 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if any) | to Loan Source | |
| Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | <u> </u> | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | ' | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (optional) | | 1986.00 |
| TOTALS This Period (last page in this line onl | | |
| carry outstanding balance only to LINE 3. Sc | nequie D. tor this | line. If no Schedule D, carry forward to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 10 OF 14

| | | Detailed Summary Page FOR LINE 13 OF FORM 3X | | |
|---|----------------------------|---|--|--|
| IAME OF COMMITTEE (In Full) | AME OF COMMITTEE (In Full) | | | |
| 1911 UNITED | | | | |
| LOAN SOURCE Full Name (Last, First Liberty Industries LLC | st, Middle Initial) | N ☐ Memo Item Election: | | |
| Liberty industries LLC | | Primary General | | |
| Mailing Address 700 12th Street NW Sui | to 700 | Other (specify) ▼ | | |
| 700 12th Street NW Sui | le 700 | | | |
| City | State | ZIP Code | | |
| Washington | DC | 20005 | | |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period | | |
| 3000.00 | | 0.00 3000.00 | | |
| TERMS | _ | | | |
| Date Incurred | D. | ate Due Interest Rate Secured: | | |
| M 05 | | On Demand 0.00 % (apr) Yes X No | | |
| List All Endorsers or Guarantors (if a | any) to Loan Source | | | |
| Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City | ate ZIP Code | Amount Guaranteed Outstanding: | | |
| 2. Full Name (Last, First, Middle Initial) |) | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City | ziP Code | Amount Guaranteed Outstanding: | | |
| 3. Full Name (Last, First, Middle Initial) |) | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City | ate ZIP Code | Amount Guaranteed Outstanding: | | |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer | | |
| Mailing Address | | Occupation | | |
| City | ate ZIP Code | Amount Guaranteed Outstanding: | | |
| SUBTOTALS This Period This Page (option | onal) | 3000.00 | | |
| TOTALS This Period (last page in this line | e only) | | | |
| Carry outstanding balance only to LINE: | 3, Schedule D, for this | s line. If no Schedule D, carry forward to appropriate line of Summary. | | |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | Polatica carrinary rago TOTT LINE 15 OF TOTAL SX |
|--|----------------------|---|
| IAME OF COMMITTEE (In Full) 1911 UNITED | | Transaction ID : SC/10.4102 |
| LOAN SOURCE Full Name (Last, First, Skinner, Sinclair, , , | Middle Initial) | N ☐ Memo Item |
| Mailing Address 700 12th Street NW Suite | 700 | Other (specify) ▼ |
| City | State | ZIP Code |
| Washington | DC | 20005 |
| Original Amount of Loan | Cumulative Pay | ment To Date Balance Outstanding at Close of This Period |
| 10000.00 | 1 | 0.00 |
| TERMS Date Incurred | D | ate Due Interest Rate Secured: |
| M 05 M / D 18 D / Y 2012 Y | M M / D D | On Demand 0.00 % (apr) Yes X No |
| List All Endorsers or Guarantors (if an | y) to Loan Source | |
| 1. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | , | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | | Name of Employer |
| Mailing Address | | Occupation |
| City | ZIP Code | Amount Guaranteed Outstanding: |
| SUBTOTALS This Period This Page (option | nal) | 10000.00 |
| TOTALS This Period (last page in this line | only) | |
| Carry outstanding balance only to LINE 3 | Schedule D. for this | s line If no Schedule D. carry forward to appropriate line of Summary |

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 12 OF 14

| | | | | Detailed Summary | / Page | FOR LINE 13 OF FORM 3X |
|--|--|--------------------|-------------|--------------------------------------|------------------------|---|
| AME OF COMMITTEE (In Full) | | | | Trans | action ID : SC/10.4103 | |
| 1911 UNITED | | | | | | |
| LOAN SOURCE Full Name Skinner, Sinclair, , , | LOAN SOURCE Full Name (Last, First, Middle Initial) Skinner, Sinclair, , , | | | | Item | Election: Primary General |
| Mailing Address 700 12th Street | et NW Suite 700 |) | | | | Other (specify) ▼ |
| O:b | | Otata | 71D 0 - 1 - | | | |
| City | | State | ZIP Code | , | | |
| Washington | | DC | 20005 | -4- | Dalar | on Outstanding at Olana of This David |
| Original Amount of Loan | 5000.00 | Cumulative Pay | ment to Da | | Balar | ace Outstanding at Close of This Period 5000.00 |
| | 5000.00 | | | 0.00 | | 5000.00 |
| TERMS Date Incurred | | Da | ate Due | Interes | st Rate | Secured: |
| | 2012 Y | M = M / D = D | / Y Y | Demand | 0.00 | % (apr) Yes X No |
| List All Endorsers or Guarar | ntors (if any) t | o Loan Source | | | | |
| 1. Full Name (Last, First, Mide | dle Initial) | | N | Name of Employer | | |
| Mailing Address | | | C | Occupation | | |
| City | State | ZIP Code | 0 | Amount Guaranteed Outstanding: | | <u>* </u> |
| 2. Full Name (Last, First, Mide | dle Initial) | | ٨ | Name of Employer | | |
| Mailing Address | | | C | Occupation | | |
| City | State | ZIP Code | 0 | Amount Guaranteed Dutstanding: | | 7 1 1 7 1 1 7 1 |
| 3. Full Name (Last, First, Mide | dle Initial) | · | N | Name of Employer | | |
| Mailing Address | | | C | Occupation | | |
| City | State | ZIP Code | (| Amount Guaranteed Outstanding: | | 7 1 7 1 7 1 |
| 4. Full Name (Last, First, Middle Initial) | | | N | Name of Employer | | |
| Mailing Address | | | C | Occupation | | |
| City | State | ZIP Code | 0 | Amount Guaranteed Outstanding: | | 7 |
| SUBTOTALS This Period This P | age (optional) | | | ····· | | 5000.00 |
| TOTALS This Period (last page | in this line onl | y) | | ····· | | |
| Carry outstanding balance only | to LINE 3, Sci | nedule D, for this | line. If no | Schedule D, carr | y forw | ard to appropriate line of Summary. |

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE 13 OF FORM 3X

| | | | Potation cultility i ago 1 of the 13 of 1 of the 3X |
|--|-------------------|--------------------|--|
| AME OF COMMITTEE (In Full 911 UNITED |) | | Transaction ID: SC/10.4368 |
| LOAN SOURCE Full Name Skinner, Sinclair, , , | (Last, First, M | iddle Initial) | N ☐ Memo Item |
| Mailing Address 700 12th Str | reet NW Suite 70 | 0 | General Other (specify) ▼ |
| City | | State | ZIP Code |
| Washington | | DC | 20005 |
| Original Amount of Loan | | Cumulative Pag | rment To Date Balance Outstanding at Close of This Period |
| | 4614.77 | | 0.00 4614.77 |
| TERMS Date Incurred | | | ate Due Interest Rate Secured: |
| 05 / 24 / Y | Ž013 Y | M = M / D = D | On Demand 0.00 % (apr) Yes X No |
| List All Endorsers or Guara | antors (if any) | to Loan Source | |
| 1. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Mi | ddle Initial) | | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Mi | ddle Initial) | · | Name of Employer |
| Mailing Address | | | Occupation |
| City | State | ZIP Code | Amount Guaranteed Outstanding: |
| UBTOTALS This Period This | Page (optional) | | 4614.77 |
| OTALS This Period (last page | e in this line on | y) | 39600.77 |
| Parry outstanding balance only | v to LINE 3 Sc | hadula D. for this | line If no Schedule D. carry forward to appropriate line of Summary. |

SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

| | 9 |
|---|----|
| X | 10 |

14

14 OF

NAME OF COMMITTEE (In Full) **1911 UNITED** A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Financial Compliance Burns, Whitney, , , Mailing Address P.O. Box 1174 State Zip Code Springfield VA 22151 Transaction ID: SD10.4104 Outstanding Balance Beginning This Period 2312.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 2312.50 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Vehicle Rental Skinner, Sinclair, , , Mailing Address 700 12th Street NW Suite 700 City State Zip Code Washington 20005 Outstanding Balance Beginning This Period Transaction ID: SD10.4107 100000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 100000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 102312.50 1) SUBTOTALS This Period This Page (optional)..... 102312.50 2) TOTALS This Period (last page this line number only)..... 39600.77 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 141913.27 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶